Scottish Borders

Integrated Care Fund Project Brief

2015 – 2018

Project Name	Rapid Assessment and Discharge Team		
Project Owner	Phillip Lunts/Anne Suttle	**Application Main Contact**	Phillip Lunts
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Guidance on Project Brief

The purpose of this form is to give a brief outline on the key aspects of the proposal to the Integrated Care Fund 2015-18

Please refer to the accompanying guidance notes for more information on the Integrated Care Fund (ICF) when completing this document.

1 Outline project description

Please summarise the project in no more than 250 words

To ensure that *all patients who are frail, elderly and / or complex in functional and social care needs* presenting as an emergency at the front door of the hospital (Emergency Department, Acute Assessment Unit) and who do not have a medical need for admission will be reviewed and wherever possible discharged home.

2 Project's strategic fit (see guidance notes section 2)

Which ICF local four priority areas and Scottish Government ICF principles will it meet?

Four priority areas

(mark 'x')

Health improvement	x	Community capacity building		Access to services	x	Early intervention and prevention	x

Scottish Government ICF principles

(please describe how your project will address these)

Co-production	The service is produced in conjunction with service providers across health and social care. User feedback is an integral part of the development of the project.
Sustainability	A business case to divert resource to sustain the team function is in development
Locality	All – operates from BGH
Leverage	The model enables 30% of patients presenting to the BGH as acute medical conditions to be discharged directly home. This reduces demand for inpatient facilities and reduces potential demand for social care. The model of assessment contributes towards the development of a model of inpatient AHP support as assessment only which would allow some AHP resource to be relocated into the community.
Involvement	The model of care provision is person-centred and develops individual plans for each patient and their carers
Outcomes	Pilot work has demonstrated the ability to turn around 3 patients per day who would otherwise be admitted. The project addresses 8 of the 9 national outcomes

3 Project Aims/ Achievements

Please give a high level description of what will success look like?

To provide a 6-day/week rapid assessment and discharge service for patients who are frail, elderly and require functional and social care needs assessment

Proposal

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4 Project outcomes and benefits (see guidance notes section 3)
Please be specific about project benefits and outcomes – outcomes should be measurable

- The service will provide a consistent and robust screening and assessment of appropriate patients and will discharge all patients who do not require admission.
- All patients will receive next-day follow-up phone call or check to prevent readmission
- The service will be fully sustainable, with 52-week cover and rotation of staff across AHP services
- The service will work to the following standards;
  - Access to RAD will be 0800-1800 Monday-Friday and 0830-1400 on Sunday
  - No patient who does not require admission is admitted due to a lack of access to appropriate therapist review
  - No patient should wait longer than 2 hours for review when service is operational and no more than 48 hours when service is not operational
  - All patents identified as able to return home through RAD assessment should be discharged home the same day
  - Readmission rates for patients discharged by RAD should be 5% or less

5 What areas of the Borders will the project cover
Will the project affect the whole of the Borders or a specific locality, if so please state?

All Areas

6 Which care groups will the project affect? (see guidance notes section 4)

Frail Elderly or people with complex functional and social care needs

7 Estimated duration of project
Please provide high level milestones and including planning and evaluation time

1 year (from April 2016)

Move to 6-days/week working from November

Project completion and mainstreaming April 2017

Full evaluation April 2017

8 How much funding would the project need and how would it be spent? (see guidance notes section 5) *Please break down into individual costs*

The request is to fund:

Band 7	Team Leader	1	wte	46000	
Band 6		2	wte	76682	
Sunday Band 6 cover		0.31	wte	16539	(incl unsocial hours enhancements)
TOTAL				139221	

9 What would happen if ICF didn't invest in the project?

The service would need to be reduced or terminated	
10	**How would the project release resources in order to sustain the project?** *What services would longer be provided or would be provided in different ways*
Reduction in demand for inpatient facilities. This forms part of the pathway for older people with acute medical illness	
11	**How would you identify/ recruit staff to support the project?**
Some staff already in post on short-term contracts. Recruitment for remaining staff.	
12	**Would the project require dedicated project support from the programme team** (see guidance notes section 6)
No	

Please return this form to the Programme Team
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